



CITY OF KINGMAN

Bank Draft Authorization Agreement

Your Customer Information

Billing Info.

Names(s) (please print) _____
Billing Address _____
City, State, Zip _____
Telephone Number _____

Your City Account

Utility Account Number _____
Utility Service Address _____

Your Bank Account

Checking Account _____ **Bank Account Number** _____ *Attach a voided check*
 Savings Account _____

Your Bank Info.
Bank Name _____
Address _____
City, State, Zip _____
Branch Telephone No. _____
Routing Number _____ *If unknown, call your bank for the number*

Customer Authorization

I hereby authorize The City of Kingman (COK) to initiate debit/credit entries to my bank account as shown above until revoked by me in writing to City of Kingman, c/o Customer Service, 310 N 4th Street, Kingman, AZ 86401. I understand that I must contact COK concerning bill discrepancies **3 days prior** to the scheduled draft date. COK will have 30 days to change my billing.

I understand COK reserves the right to terminate my participation in Bank Drafting. I understand that COK may impose a nominal processing fee, as set forth in the utility regulations for returned checks, if a bill is not paid by my financial institution.

Signature _____ Date _____

Signature _____ Date _____

UT-01, 06/19/15

**PLEASE RETURN THIS SIGNED AGREEMENT TO CITY OF KINGMAN
c/o Customer Service, 310 N 4th Street, Kingman AZ, 86401.
Or via FAX at 928-718-2576**